

**South Dakota Department of Social Services  
Medicaid Tribal Consultation Meeting  
Thursday, July 11, 2019  
1:00 – 3:00 PM CT  
South Dakota Urban Indian Health  
1714 Abbey Rd  
Pierre, SD 57501**

**I. Welcome and Introductions**

Sarah Aker, Assistant Division Director, Division of Medical Services, welcomed those in attendance. Participants introduced themselves.

**II. Prayer**

**III. Review Minutes and Updates from May 2019 Meeting**

Minutes overview from the May 2019 meeting was provided by Sarah Aker. The minutes and related handouts are also posted on the Medicaid Tribal Consultation website at <http://dss/sd/gov/medicaid/generalinfo/tribalconsultation.aspx>.

**IV. Quarterly Report of Tribal Medicaid Expenditures**

The Quarterly Report was posted on the Department's website at <http://dss.sd.gov/medicaid/generalinfo/tribalconsultation.aspx>.

**V. State Plan Amendments Report**

Matthew Ballard provided an overview of the State Plan Amendment report. At this time there are 8 amendments, 4 of which have been approved. Bonnie inquired about the Improving American Indian Health 1115 Demonstration Waiver. Matthew informed the group it is still under review.

**VI. Constituent Liaison**

Teresa Campbell, who is with the Office of the Secretary, provided an overview of her role as the Medicaid Constituent Liaison. She, along with Jessica Tyler, serve as resources for Medicaid recipients and their families. They are able to assist with coverage and claims detail, directing recipients who wish to change or choose their primary care provider (PCP) or health home provider (HHP), as well as serve as advocates for recipients with Medicaid billing issues. Teresa serves as an independent source of information and explanation for the public about services provided by DSS. Carrie Johnson asked Sarah Aker to explain how recipients, who do not choose a PCP or HHP, are assigned a particular provider. Sarah explained the assignment process. Carrie Johnson also mentioned when a recipient

applies in a local DSS office, the benefit specialist is available to assist them with the PCP/HHP selection form.

## **VII. Community Based Provider Workgroup Update**

Sarah provided information on the IHS referral process which would allow for 100% FMAP. Through a care coordination agreement, a referral from IHS can be carried through the recipients care out-side of the IHS facility. The savings from the care coordination agreements can help address service gaps, allow for shared savings with participating providers and increases in provider rates. Some of the services gaps Medicaid has been able to fill from the savings are; substance use disorder treatment for adults, the expansion of eligible behavioral health and substance use disorder providers and the development of the Community Health Worker program. The next steps for the community-based provider shared savings workgroup is to work with other community support providers to so they may implement a referral process for IHS. Sarah shared it has been challenging to making contacts and implementing the referral process due to limited staff resources for care coordination and referrals. To help with the process IHS suggested using the Intergovernmental Personnel Act (IPA) to have state staff within IHS to help facilitate the process.

- IPA Nurses-Andi Ferguson, Pine Ridge IPA nurse, provided information regarding the IPA process. The nurses will identify referrals, make sure they happen, confirm care coordination agreements are in place and manage medical records.

## **VIII. Innovation Grants**

Four proposals have been presented have been submitted for the Innovation Grants. DSS intends to award by the end of July 2019.

## **IX. Other DSS Updates**

- Urgent Care Visits – Sarah provided information about the recent change to urgent care visits. As of July 1, 2019, recipients are allowed 4 urgent care visits without a referral per fiscal year.
- FQHC SUD Reimbursement – Sarah provided information regarding substance use disorder services provided by an FQHC accredited by the Division of Behavioral Health are eligible for Medicaid reimbursement at the FQHC encounter rate. At this time, SD Urban Indian Health, is the only accredited facility.
- Opioid Outcomes – Sarah went over the Medicaid prescription opioid coverage changes and outcomes. SD Medicaid in conjunction with the Medicaid Pharmacy and Therapeutics (P&T) committee implemented changes to the Medicaid program to align with best practices in opioid management and reduce the risk of opioid addiction and misuse. The P &T committee recommended the following strategies:
  - Peer-to-peer communication

- MED monitoring and tapering
- Opioid naïve limit
- Prior authorization
- Tighten opioid early refill threshold

Larry Morning Star asked Sarah to explain Opioid naïve. Sarah explained the strategy limits the number of opioids being initially prescribed to a patient. It does allow for automatic prior authorization for terminal patients. Margaret had a concern about recipients not receiving adequate medication to help them with their chronic pain. Sarah reassured the group patients are receiving pain management to help them manage chronic pain.

Bill Snyder informed the group he meets quarterly with the P&T committee. At the last meeting in June, they discussed changing the prior authorization criteria for Hep C treatment. He will have an update at the October meeting.

- Medicaid Online Portal Enhancements – Lisa Lee, Business Analyst for SD Medicaid, went over the recent enhancements to the Provider Portal. Providers now have access to more specific eligibility detail, such as cost shares, levels of care, and whether or not a recipient’s coverage is suspended due to incarceration. Larry Morning Star and Margaret Bad Warrior both inquired as to why inmates are not covered. Carrie Johnson, Economic Assistance Division Director, clarified the recipient remains eligible for Medicaid, but is suspended from having claims paid during the duration of the incarceration. Sarah added it is a federal regulation that does not allow Medicaid to reimburse for services when someone is incarcerated.

Federal Medicaid regulations prohibit Medicaid payment for services provided to inmates of a public institution.

Refer to Medicaid regulations at 42 Code of Federal Regulation (CFR) 435.1009 and 435.1010.

[https://www.ecfr.gov/cgi-bin/text-idx?SID=c037d851403605e14e85b68e298f10ef&mc=true&node=se42.4.435\\_11009&rqn=div8](https://www.ecfr.gov/cgi-bin/text-idx?SID=c037d851403605e14e85b68e298f10ef&mc=true&node=se42.4.435_11009&rqn=div8)

The Centers for Medicare and Medicaid Services (CMS) also issued a State Health Official letter (SHO#16—007) on the topic. The letter can be found at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf>.

**X. Sioux San and Great Plains Tribal Chairman’s Health Program**

The 3-year contract between Sioux San IHS and Great Plains goes into effect July 21<sup>st</sup>. The facility will have greeters to help direct patients to the appropriate floors for services.

**XI. Tribal Reports**

Nothing to report

**XII. 2019 Meeting Schedule**

- October 10, 2019: Pine Ridge will host; location TBD

### **XIII. Adjournment**